



# Purchase Voucher

Agency: 529

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01220537

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1742757919/2/000

Payee Name / Address:

THE HEIDI GROUP  
PO BOX 2050  
ROUND ROCK,TX 786802050

Freight Amount:	\$0.00
Gross Amount (includes Frt.):	\$10,893.70
Discount Amt Taken:	\$0.00
Payment Amount:	<b>\$10,893.70</b>

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT			
1	0000100178	0		529-16-0102-00053 FEB	529-16-0102-00053 FEB (FY17 - Contract 529-16-0102-00)	\$10,893.70			
ShipTo ID	Non-HHSAS Cntrct ID								
1326	Contract #	Wkfc	Org PmtDt	IC	RC	Invoice DT: 05/17/17 Req'd Pay DT: 05/24/17 Inv Recv'd DT: 05/18/17 Pay Due DT: 06/17/17 Service DT: 02/28/17 P O DT:			
	529-16-0102-00053	N							
1.1	Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref	Pri/Grant	Amount
	762300		0001	MFPG	1011Q	03150	2017	GR	\$10,893.70
	Open Item Key:								
	Certified Amt: 0.00								

Descriptive Legal Text (DLT Comments):

DOS: 022017

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

MAY 19 2017

05/19/2017

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
			Gonzalez,Maria Gina (ONL UID)
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name	Contact Phone(Area+Number)		

## PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

Page 1 of 1

1. Agency reference number	2. Agency number	3. Agency name	Health & Human Services Commission				4. Current document number																																										
	529					0120537																																											
9. Texas Identification number	10. PDT	11. POC	12. Purchase Order number	13. Document amount																																													
17427579192000			0000100178	\$10,893.70																																													
14. Payee name / address The Heidi Group PO Box 2050 Round Rock, TX 78680-2050				16. EOB order number	17. AGENCY USE																																												
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<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">MAY 18 2017</p> <p style="text-align: center;">HHSC ACCOUNTING</p>																																																	
<table border="1"> <tr> <td>18 SFX 001</td> <td>Ref Doc</td> <td>CG</td> <td>RC</td> <td>FC</td> <td>POA</td> <td>FY</td> <td>COBJ</td> <td>AOBJ</td> <td>Amount</td> </tr> <tr> <td></td> <td>APPN</td> <td>Fund</td> <td colspan="2">Print due date</td> <td colspan="2">Invoice date</td> <td colspan="2">Invoice number / Account Number</td> <td>Invoice Received Date</td> </tr> <tr> <td></td> <td colspan="4">DeptID/Speedchart MFPG</td> <td colspan="4">Requested Payment Date 3 days</td> <td>Interest Control</td> <td>Reason Code</td> </tr> <tr> <td></td> <td>Expnd</td> <td>Page</td> <td colspan="7">AGENCY USE</td> </tr> </table>									18 SFX 001	Ref Doc	CG	RC	FC	POA	FY	COBJ	AOBJ	Amount		APPN	Fund	Print due date		Invoice date		Invoice number / Account Number		Invoice Received Date		DeptID/Speedchart MFPG				Requested Payment Date 3 days				Interest Control	Reason Code		Expnd	Page	AGENCY USE						
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19. SERVICE / DEL DATE		20. DESCRIPTION OF GOODS OR SERVICES				21. QUANTITY	22. UNIT PRICE	23. AMOUNT																																									
02/28/17		Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group.  Program: Family Planning Program Contract Term: 1/5/2017 thru 8/31/2017 HHSC Doc # 529-16-0102-00053 Type of Entity: non profit corporation						\$	10,893.70																																								
24. VENDOR CERTIFICATION					Phone (Area code and number)			25. Entered by																																									
Vendor Contact Name Carol Everett					Phone (Area code and number) 512-255-2088																																												
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The Invoices for the goods and services are correct. This payment complies with the General Appropriations Act.																																																	
Agency contact/preparer SIGN HERE				Printed Name			Phone (Area code and number)	Date																																									
Agency Approver SIGN HERE				Printed Name Kim Relph			Phone (Area code and number) 512-776-6443	Date 5/18/2017																																									

Er 5/19/17

**Texas Health and Human Services Commission**  
**Form B13X**

Agency Name: The Heidi Group

**Supporting Schedule for DSHS Family Planning Reimbursement Vouchers**

	Column A	Column B	Column C				
1	"B" Date-month and year. "C" Total Allowable Cumulative Family Planning Expenses Incurred For All HHSC Family Planning Eligible Client Services (Do not include the value of in-kind contributions; report this amount on line 16.)	Feb-17	77,550.08				
2	Program Income (Cumulative):						
3	HHSC Family Planning fee-for-service Reimbursements from TMHP	279.04					
4	Program Income From Patient Co-Payments and Client Donations	0.00					
5*	Sub Total - Program Income $\rightarrow\rightarrow\rightarrow\rightarrow$		279.04				
6*	Gross Cumulative HHSC Family Planning Reimbursable Expenses		77,271.04				
7	HHSC Share of the Family Planning Categorical Contract	2,550,000.00					
8*	Non HHSC Funding Expended – If Column C Line 6 is greater than Column B Line 7, then C6 - B7 = C8. Otherwise, Column C Line 8 will be zero.		0.00				
9*	Net Cumulative HHSC Family Planning Reimbursable Expenses	$\rightarrow\rightarrow\rightarrow\rightarrow$	77,271.04				
10	Less: Gross Reimbursements Requests Previously Submitted to HHSC (Cumulative)		66,377.34				
11*	Gross Reimbursement Requested this Voucher		10,893.70				
12	Less: Amount to Apply to Advance Reduction (if any)		0				
13	Less: Refunds or Other Adjustments (if any)		0				
14*	Net Reimbursement Requested this Voucher (Negative amount at end of contract term indicates a refund to HHSC)		10,893.70				
15*	Total Cumulative Non HHSC Funding Expended (This amount must be the same as the Cumulative Non-HHSC Funding on the Quarterly FSR).		0.00				
16	Total Cumulative Value of In-Kind Contributions						
<b>ADVANCE REPAYMENT RECORD</b>							
17	REPAYMENTS MADE THRU VOUCHER REDUCTION	Amount of advance received (if any)					
18	MONTH	AMOUNT	MONTH	AMOUNT	MONTH	AMOUNT	
	April	Aug		Dec			
	May	Sept		Jan			
	June	Oct		Feb			
	July	Nov		March			
19*	TOTALS	0.00	+	0.00	+	0.00	0.00
20*				Balance of Advance Owed to HHSC			0.00

\* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

Carol Everett, CEO for The Heidi Group	5/17/2017
Carol Everett, CEO for The Heidi Group	Telephone (512) 255-2088

*This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report*

# Health & Human Services Commission

## Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms N/A, Service, Pick-up, N/A, DO NO	Ship Via	Purchase Order 52900-7-0000100178
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.		Date 03/20/2017	Revision 1

All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.

Vendor: 1742757919  
THE HEIDI GROUP  
PO BOX 2050  
ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission  
Mail Code: 3500  
4900 N. Lamar Blvd, 5th Floor  
Austin TX 78751  
United States

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	Purchaser: Jackson, Stefanie D (PCS)	512-406-2468
				PO Price	Extended Amt

Terms and Conditions are attached.

HCATS Contract # 529-16-0102-00053  
HHSAS Contract # 529-16-0102-00053

This purchase order is issued in accordance with Texas Government Code, Section 2155.144 and Title 1, Texas Administrative Code, Chapter 391. TAC 391.205 (b)(6) Enrollment Contract

Confirmation order DO NOT DUPLICATE

-----  
Vendor Information: The Heidi Group dba Wellness Coalition  
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Agency Contact: Camille Laosebikan  
Phone: (512) 776-3561  
Email: Camille.Laosebikan@hhsc.state.tx.us

-----  
HHS-PCS Purchasing Contact: Stefanie Jackson  
Phone: (512) 406-2468 Fax: (512) 406-2688  
Email: stefanie.jackson@hhsc.state.tx.us

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This contract is subject to cancellation, without penalty, either in whole or in part, if funds are not appropriated by the Texas Legislature. GSC Procurement Manual, pg 1, section 2.57.

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HHS or the agency does not commit to ordering specific quantities of service/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services actually ordered and received by the agency. Any funds not utilized by 8/31/17 are automatically cancelled.

Client Purchase/Stock BEST VALUE  
PCC EX/0 Requisition # 2000165385  
Non-Competitive: Enrollment  
01/05/2017-08/31/2017 with two additional two-year terms

1- 1 FY17 - Contract 529-16-0102-00053 with The Heidi Group to provide women's health and education services to the people of Texas for the Family Planning program in HDIS. Term 01/05/2017 thru 08/31/2017. Contract amount \$5,100,000.00	952-58	1.00LOT 2,550,000.00000 2,550,000.00 03/20/2017
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Schedule Total 2,550,000.00

Contract ID: 529-16-0102-00053 Contract Line: 0 Release: 0

Item Total for Line 1 2,550,000.00

# Health & Human Services Commission

## Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-7-0000100178
Net 30	N/A, Service, Pick-up, N/A, DO NO		Date	Revision
			03/20/2017	Page
				2

If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.

All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.

Vendor: 1742757919  
 THE HEIDI GROUP  
 PO BOX 2050  
 ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission  
 Mail Code: 3500  
 4900 N. Lamar Blvd, 5th Floor  
 Austin TX 78751  
 United States

Purchaser: Jackson, Stefanie D (PCS) 512-406-2468

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
					2,550,000.00	

Total PO Amount

2,550,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

1742757919

**Negron,Elizabeth (HHSC)**

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**From:** Relph,Kim H (HHSC)  
**Sent:** Thursday, May 18, 2017 3:19 PM  
**To:** HHSC AP  
**Subject:** Voucher Approval - FamPlan - The Heidi Group 022017  
**Attachments:** B13X HHSC Feb 2017.xlsx; February 2017 FPP HHSC Purchase Voucher FY17 - CC.xls

This voucher is coded and approved for encumbered payment. Thank you.

*Kim Relph, Contract Specialist*  
Health & Human Services, Austin TX  
Medical & Social Services Division  
Health, Developmental & Independence Services  
Family & Social Svcs/Women's Hlth & Education Svcs  
Mail Code 1326 - Morton Building, M-383  
phone: 512-776-6443

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**From:** HTW Billing [mailto:[htwbilling@heidigroup.org](mailto:htwbilling@heidigroup.org)]  
**Sent:** Wednesday, May 17, 2017 5:09 PM  
**To:** Relph,Kim H (HHSC) <[Kim.Relph@hhsc.state.tx.us](mailto:Kim.Relph@hhsc.state.tx.us)>  
**Cc:** Carol Everett <[ce@heidigroup.org](mailto:ce@heidigroup.org)>; Wanda Hardy <[wandahardy07@aol.com](mailto:wandahardy07@aol.com)>; FPP Billing <[fppbill@heidigroup.org](mailto:fppbill@heidigroup.org)>  
**Subject:** Voucher Approval FPP February - The Heidi Group